	NO	II TYPI	EDE	IDEN	T OI A	T. 6	SERIA	NO			Icu INC r				
MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET												FILING DATE			
(FOR USE WITH FORM PTO-875)								APPLICANT(S) 10/56/13/							
	CLAIM								1S 10/30/31						
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			ASI	AS FILED		AFTER		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL CLAIMS	14						CLAIMS	الللا	& DEPARTM						
PTO-1360	(REV. 11/94)								stent and Trac						